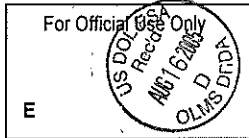


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



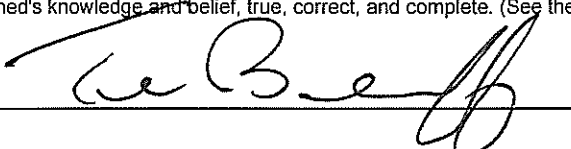
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7157</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>Balanoff</u> P.O. Box, Bldg., Room No., if any Street <u>1156 Ridgewood Drive</u> City <u>Highland Park</u> State <u>Illinois</u> ZIP Code + 4 <u>60035</u>	4. Name, file number, and address of labor organization. Name <u>SBIU Local 1</u> Labor Organization File Number <u>023715</u> P.O. Box, Building and Room Number, if any <u>2500</u> Street <u>111 E. Wacker Drive</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60601</u>
5. Position in labor organization. <u>President and Trustee of funds</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>One Source Cleaning</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>429 W. 53rd Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10019</u>	7.a. Nature of Interest, Transaction, or Income. <u>lunch</u> 7.b. Amount. <u>\$35</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>08/10/2005</u> Date	<u>312 233-8700</u> Telephone Number

Name of Person Filing Thomas Balanoff	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Labor Partners LLC**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **203 N. LaSalle Street**

City **Chicago**

State **Illinois** ZIP Code + 4 **60601**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Holiday gift basket

11.b. Approximate dollar value of such dealing.

\$113

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Chicago Equity Partners**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **180 N. LaSalle St.**

City **Chicago**

State **Illinois** ZIP Code + 4 **60601**

14.a. Nature of payment.

1 lunch

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$40

Name of Person Filing Thomas Balanoff

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Kimco Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7300 W. Montrose

City Chicago

State Illinois

ZIP Code + 4 60706

7.a. Nature of Interest, Transaction, or Income.

Golf & meal
lunch

7.b. Amount.

\$160

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Goldberg Weisman & Cairo

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One E. Wacker Drive

City Chicago

State Illinois

ZIP Code + 4 60601

14.a. Nature of payment.

golf & dinner
baseball tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$365

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Marco Consulting Group, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 550 W. Washington Blvd.

City Chicago

State Illinois ZIP Code + 4 60661

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 1 Health & Welfare & Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60602

11.a. Nature of such dealing.

1 round of golf & dinner
Educational seminar

11.b. Approximate dollar value of such dealing.

\$2,015

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monroe Street

City Chicago

State Illinois

ZIP Code + 4 60603

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 1 Health & Welfare & Pension Fund*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois

ZIP Code + 4 60602

11.a. Nature of such dealing.

4 Bulls tickets \$1272
 4 Cubs tickets \$128
 3 lunches \$169
 2 labor council meetings \$102
 Christmas gifts \$256

11.b. Approximate dollar value of such dealing.

\$1,927

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60602

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 1 Health & Welfare & Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60602

11.a. Nature of such dealing.

7 golf outings
7 lunches

11.b. Approximate dollar value of such dealing.

\$1,295

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank & Trust of Chicago

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monroe Street

City Chicago

State Illinois ZIP Code + 4 60603

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 1 Health & Welfare & Pension Fund*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60602

11.a. Nature of such dealing.

Custodian of Funds

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Member of the Board of Directors

12.b. Amount.

\$23,600

Name of Person Filing Thomas Balanoff

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Investment Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monroe Street

City Chicago

State Illinois

ZIP Code + 4 60603

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 1. Health & Welfare & Pension Fund*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois

ZIP Code + 4 60602

11.a. Nature of such dealing.

Holding company of Amalgamated Bank

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Member of the Board of Directors

12.b. Amount.

\$20,000

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bansley & Kiener

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 8745 W. Higgins Road

City Chicago

State Illinois ZIP Code + 4 60631

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 1 Health & Welfare & Pension Fund*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60602

11.a. Nature of such dealing.

1 round of golf & dinner

11.b. Approximate dollar value of such dealing.

\$125

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Illinois

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Illinois

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chicago Asset Management Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 70 W. Madison Street

City Chicago

State Illinois ZIP Code + 4 60602

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 1 Health & Welfare & Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60602

11.a. Nature of such dealing.

1 round of golf & lunch

11.b. Approximate dollar value of such dealing.

\$125

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Previant, Goldberg, Uelmen, Gratz, Miller

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 202

Street 155 N. River Center Drive

City Milwaukee

State Wisconsin ZIP Code + 4 53212

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Baseball game and dinner

11.b. Approximate dollar value of such dealing.

\$113

12.a. Nature of interest held or income received.

12.b. Amount.

*

I serve on these boards as trustee of the following funds:

Local 1 Health and Welfare and Pension Fund

Local 25 & Participating Employers Pension Trust

Local 25 Health and Welfare Fund

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 through December 31, 2004. Accurate records of reportable occurrences were not maintained for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Thomas Balanoff

